

CAMPAIGN EXPENSES

Report Period # 3Name (print) MARK WARDEN

Office (if applicable)

ASSEMBLY 13

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
MARK WARDEN 270 FALCONS FIRE AV LN NV 89148	J	11-01-02	Re-pay loan

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